

**Dougherty County**  
**OCCUPATIONAL TAX RENEWAL APPLICATION**

CURRENT LICENSE (OTC) NUMBER: \_\_\_\_\_ Tax Class: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

**SECTION I. BUSINESS INFORMATION:**

BUSINESS NAME (DBA IF APPLICABLE): \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ NO. OF EMPLOYEES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

\*\*\*\*Choose the section that applies to your business\*\*\*\*

**SECTION II. FEE COMPUTATION-FLEA MARKETS, MALLS OR BAZAARS:**

Any person, firm, or company with an operation selling new and used merchandise is required to obtain an Occupational Tax Certificate. Independent vendors of flea market, bazaars, and mall trade shows are not subject to the regular Occupational Tax Schedule, and taxed annually in accordance with the following schedule:

1. License Fee: \$50.00
2. Occupational Tax: \$1,000.00
3. Number of tables, booths, or stalls \_\_\_\_\_ x \$3.00 = \_\_\_\_\_

**Tax Subtotal:** \_\_\_\_\_

**SECTION III. ALL OTHER BUSINESSES**

Use chart below to determine amount due based on **Number of Employees** reported.

Number of Employees	Amount Due	Number of Employees	Amount Due
0-5	\$100.00	251-300	\$1900.00
6-10	150.00	301-350	2100.00
11-15	200.00	251-400	2300.00
16-20	300.00	401-450	2500.00
21-30	400.00	451-500	2700.00
31-40	500.00	501-600	2950.00
41-50	600.00	601-700	3200.00
51-60	700.00	701-800	3450.00
61-70	800.00	801-900	3700.00
71-80	900.00	901-1000	3950.00
81-90	1000.00	1001-1250	4200.00
91-100	1100.00	1251-1500	4450.00
101-150	1300.00	1501-2000	4700.00
151-200	1500.00	2001-2500	4950.00
201-250	1700.00	2501+	5100.00

Using the chart, the number of employees is calculated by the number of hours worked a week.

*For instances:*

1. Full Time employees work 40 hours a week equal 1 employee.

2. Part time employees work less than 40 hours a week equal .5 employee.

So, two (2) part time employees to equal 1 employee.  
(.5 + .5 = 1)

**Total:** \_\_\_\_\_

**(Oath)** I hereby certify that the information reported herein as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Albany Occupational Tax Ordinance as now or hereafter amended.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Please remit payment to: The City of Albany, 240 Pine Avenue, Suite 150, P.O. Box 447, Albany, Georgia 31701. (229) 431-2118